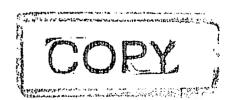
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<i>*</i>	om 44	The state of the s	Page 1 of 1.4 E ATTACH CHECKHERE)		Serial Nu	ımber
A		LONG FORM COMMONWEALTHOP Iquidator Reviewer: 2005 Return with Check (Pleas	/11116			
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Ì	P.O	. Box 782	Spouse's Social Security Number	1 1 15		
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		Address (Town or Urbanization, Number, Street) Rio Jueyes	CHANGE OF ADDRESS			
	Coa	amo PR Zip Code 00769	Yes No	Receipt Number	 0	5000
	E-Mail	Address	FILING STATUS AT THE END O	F THE TAXA	BLE YEAR:	
		YES NO A. United States Citizen?	1. Married living with spous	e and filing joi	intly	
		B. Resident of Puerto Rico at the end of the year?	 Married not living with sp (Indicate spouse's name 	and social se	curity number)	
		C. Tax exempt income from Lottery of Puerto Rico? D. Income from racetrack winnings in Puerto Rico?	3. Head of household (Not f	for married persons)		
	-	E. Other exempt income? (Submit Schedule)	4. Single	(Indicate spouse's name and social security number)		cial contributions
	Part	F. Obligation to make payments to ASUME?	(muncale shows		ENT CONTRACT	
		HIGHEST SOURCE OF INCOME: G. Government, Municipalities and Public Corporations Employee	J. Retired/Pensioner	orinoipal TAXPAYER SPOUSE		and congregion
		H. Federal Government Employee	 K. Self-Employed (Indicate printing) 			
		I. Private Business Employee	industry or business)		20	06 RETURN
		Your occupation Teacher 6110 Spouse's occupation	tion		SPANISH	C ENGLISH
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		2 Other Income (or Losses)		<u></u>	— 	00
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		B) Distributable share on special partnerships profits (Submit Schedule F I Distributable share on special partnerships losses (Şübmit Schedule F I	Individual and Schedule RJ		······ (U4)	00
			nnalaina (Sanedille e Blaiviaud), italii 🕮	BIG IA/	(UG) -	00
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	H		hertare Buncivinian Lat		(06)	00
		G) Distributable snare on profits from corporations of individuals (aggint of G) Distributions from the Retirement Saving Accounts Peogram (Schedule H) Miscellaneous income (Submit Schedule F Individual)	A	· • • • • • • • • • • • • • • • • • • •	110/	00
	7	n Districtions from Individual Patrement Accounts and Educational Contributi	ion accounts (Sudmit Schedule P Indivi	uudi)	(11) -	00
	Part ;	Control Investment or Tourism Fund (Submit Schedul	le (J1)		(12) -	00
	2	to a servicing and pagaing (Schedule H Individual Part II. II	ne 12)	· • • • · · · · · · · · · · · · · · · ·	(13)	00
		L) Alimony received (Payer's social security No. M) Gain (or loss) from industry or business (Submit Schedule K Individ	1121)		(10) -	00
		o : () from forming (Cubmit Cohedule Individual)		. 		00
		as a sixt and the sections and commissions (Submit Schedule in	VI INDVIDUALI	. 		1 209 00
		P) Gain (or loss) from professions and commissions (country considered) P) Gain (or loss) from rental business (Submit Schedule N Individual) Q) Gain (or loss) from sale or exchange of capital assets and Qualifier		. 		00
		and the transfer of the property of the control of] []		1217 =	33 429 00
		3 Total Gross Income (Add lines 1B, 1C and 2A through 2R)			(22)	33 429 00
		4. Alimony Paid (Recipient's social security No)(23) (JUUGHIEHE 140	/\~~	7	33 429 00
		a to a 1 American Income (Outstand fine A from line 3)	***************************************		(30)	1. 1.

Case:17-03283-LTS Doc#:11387-1 Filed:02/18/20 estado libre asociado de puerto rico - commonwelajth o Pruerto rico 1 Entered:02/20/20 15:19:42 Desc: oisolumo: oim 499R-2/W-2 PR 4NFORMACION PARA EL DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY INFORMACION PARA EL lov. 06.06 DEPARTAMENTO DE SEGURO SOCIAL **HACIENDA** COMPROBANTE DE RETENCION - WITHHOLDING STATEMENT DEPARTMENT OF THE SOCIAL SECURITY TREASURY INFORMATION INFORMATION 1. Nombre-First Name 3. Núm. Seguro Social 7. Sueldos - Wages 17. Total Sueldos Seguro Social ANTONIO Social Security No. Social Security Wages 33165.00 Apollido(s) - Surname(s) 8. Comisiones - Commissions 0.00 TORRES CARDENALES 4. Núm. de Ident, Patronal 18. Seguro Social Retenido Employer's ident. No. (EIN.) Social Security Tax Withheld Dirección Postal del Empleado-Employee's Mailing Address 660433481 9. Concesiones - Allowances APARTADO 782 5. Fecha en que comenzó a recibir la 0.00 0.00 pensión - Date on which you started to 10. Propinas - Tips 19. Total Sueldos y Pro. Medicare receive the pension COAMO, PR 00769 Medicare Wages and Tips 0.00 Men Ano 2. Nombre y Dirección Postal del Patrono Month 11. Total=7+8+9+10 **Employer's Name and Mailing Address** 20. Contrib. Medicare Retenida 6. Costo de Pensión o Anualidad Medicare Tax Withheld L8002150526 S RIVERA Cost of Pension or Annuity 33165.00 DEPT DE EDUCACION-MAESTROS 0.00 12. Gastos Reembolsados 0.00 AVENIDA TENIENTE CESAR GONZALE **Reimbursed Expenses** ESQUINA CALAF 21. Propinas Seguro Social 0.00 HATO REY, PR 00919 Social Security Tips Copia C para Récord 13. Cont. Retenids - Tax Withheld 0.00 del Empleado 1959.58 22. Seguro Social no Retenido Copy C for Employee's 14. Fondo de Retiro en Propinas - Uncollected Número de Teléfono del Patrono Social Security on Tips **Retirement Fund** Records Employer's Telephone Number 2674.02 Fecha de Cese de Operaciones: Dio Ano Mes 15. Aportaciones a Planes Cualific. 0.00 Cease of Operations Date: Day Año: Month Year 2006 Contributions to CODA PLANS Número de Control - Control Number 23. Contrib. Medicare no Retenida Year: 0.00 en Propinas - Uncollected 22987485 16. Salarios bajo Ley Núm. 324 de 2004 Medicare Tax on Tips Salaries under Act No. 324 of 2004 0.00

Reproducido por: Departamento de Hacienda



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F	Case:17-03283-LTS Formulario 482 Rev. ,10.07	Doc#:11387-1 Filed: Exhibit F	:02/18/20 Entered:02 Page 3 of 14	/20/20 2	15:19:42	Deco
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ľ	Antonio Torres	es Cardenales	\mathbf{I}_{i} , \mathbf{v}_{i}	GRandya	1 + 1 1 + 1	
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ç	C C ingresos exentos de Lotoria	a de Puerto Rico?	2. Casado que no vivia con su (Indique nombre y seguro so	r conyuge (No j ocial del convu	iefe de familia))
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asil	F. O Obligación de hacer pagos	a ASUME?	Soltero Casado que rinde por separa	ada (Indinue r	v contil	1 det eksemmel
Encasillado	FUENTE DE MAYOR INGRESO: G. Empleado del Gobierno, Municipios			ao (muiquo		ro social del cónyuge) RATO GOBIERNO
ш	H C Empleado del Gobierno Federal	s o Corporaciones Publicas	J. Retirado/Pensionado K. Trabajo Cuenta Propia (Indique			ENTE CONYUGE
ĺ	I. Empleado de Empresa Privada		industria o negocio principal)	10		MILLA 2008
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	Marian Dittiguati Male 15' salah	Propinas Di SUMINISTRELOS COMPROBANTES DE	DERETENCION	1,716 00	Co	Concesiones y Propinas 34,714 0
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1		Véanse instrucciones)	(10)	00	(12)	Salarios Federales
1	A Ingreso de intereses Aireio F Ind	dividuo Parte I linea 101			 	
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1	D) Dividendos de corporaciones y distrib	ibuciones de sociedades suietos a retenci	Cion (Angio E Individuo, Parto II. Kasa 4.4.)	·······	(15)	00
	E) Dividendos de corporaciones y distribuci	iduciónes de sociedades sujetos a retención Iciónes de sociedades no sujetos a retención	Cion (Angjo F Individuo, Parte II, línea 1A))	(6)	
-						
71	H) Ingresos misceláneos (Someta Ar	Aneio F Individuo)	ineas 1C y 1D)	••••••••••••••••	(09)	00
ago	Distribuciones de Cuentas de Retiro	o Individual y Cuentas de Aportación Edu	fucativa (Someta Apoio E Individua)	******	(10)	00
ncasillado	I Complete to the complete de	e macigion o de Tongino (gomeia anal	PB () 1		i i	
2	L) Pensión recibida por divorcio o sepa	Daración (Núm, seguro social del que na	12)	·····	(13)	
ات	M) Ganancia (o perdida) atribuible a inc	ndustria o negocio (Someta Aneio K Indi	oaga:)(14)	(15)	
1	C) Ganancia (o perdida) atribuible a pro P) Ganancia (o perdida) atribuible a al	rofesiones y comisiones (Someta Anejo alquiler (Someta Anejo N Individuo)	M Individuo)	******************	(18)	100
- 1	F) Canancia to become minerior = -	JOHNER (Somera Aneio IV Hicipronio	······································	······································		
				•	500 L	ten -
	R) Ganancia neta de capital a largo pla	azo en Fondos de Inversión (Someta A	anincados (Someta Anejo D Individuo) Aneio O1)			
	R) Ganancia neta de capital a largo pla Total Ingreso Bruto (Sume líneas 1)	azo en Fondos de Inversión (Someta A 1B. 1C y 2A a la 2R)	Anejo Q1)		(21)	
- 1	R) Ganancia neta de capital a largo pla	lazo en Fondos de Inversión (Someta A 1B, 1C y 2A a la 2R)ración(seg. soc. del que la recibe:	Anejo Q1)		(21)	

Case:17-03283-LTS Doc#:11387-1 Filed:02/18/20 Entered:02/20/20 15:19:42 Desc: Form 482.0 Rey 12.08 Exhibit Page 4 of 14

ŁÓNG FORM	RETURN WITH CHECK (PLEAS	Serial I			
Reviews 7	2008 COMMONWEALTHOR DEPARTMENT OF THE			Astr.	
	INDIVIDUAL INCOME TAX RETURN			**************************************	
	G ROOM 1/20 17 17 17 17 17 17 17 17 17 17 17 17 17				
		DING ON 31 December 2008	DECEASED DURING THE	Day Month Year	
Taxpayer's Name Initial Last N		Taxpayer's Social Security Number	Paymen	c Gamps of the Market	
Antonio Tor	res Cardenales				
Postal Address		National Dist. Sex	THE HALL SE		
P.O. Box 782		Day Month Year F			
		Spouse's Social Security Number		L. SEASON	
Coamo PR	Zip Code 00769	Spouse's Date of Birth			
<u> </u>	label here".	Day Month Year		CALL TO THE PARTY OF THE PARTY	
Spouse's First Name and Initial Last Name	Second Last Name	Home Telephone		Control Towns of	
		(787) 000-0000 Wark Telephane			
Home Address (Town or Urbanization, Number, Street) Bo. Rio Jueyes		<u> </u>	明 神		
Coamo	Zip Code 00769	CHANGE OF ADDRESS	Receipt Namber		
E-Mail Address		Yes O No	Alpopht	Anger 1	
YES NO A. United States Citizen?		FILING STATUS AT THE END O 1. Married living with spouse	e and filing jointly		
B. C Resident of Puerto Ricc		2. Married not living with sp			
C. Tax exempt income from D. Income from racetrack		3. Head of household (Not n		auove)	
F C Other exempt income	? (Submit Schedule)	4. Single	•	and a language of the second of the second	
F. O Obligation to make pa	lyments to ASUME?	5. Married filing separately	(Submit spouse's name and s	ment contract	
G. Government, Municipalities		J. Retired/Pensioner	7,170,1750	- ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	
H. Federal Government Emplo		 K. Self-Employed (Indicate pring industry or business) 	rupai		
I. Private Business Employee Your occupation Teacher	6110 Spouse's occupat	· · · · · · · · · · · · · · · · · · ·	SPANISH	009 RETURN ENGLISH	
hoth working Do not an	e the optional computation of ta implete Parts 2 and 3, neither lir	ix for married individuals li	iving together, filing	le CO Individual	
I Estado Libre Asociado de Pu-	Wages, Commissions, Allowed Rico			B-Wages, Commissions, Allowances and Tips	
DEPARTAMENTO DE MACI	ENDA OP ATTACH ALLYOUR WITHHOLD		1,537 00	33,691 _{ĝĝ}	
1166-Calestor's Court RECISIO	(C) is as applicable).	·	100		
1 00 MAY 10 1000	60 P A 2 No. 3		0 0	00	
113 MAR 0 3 Z000	Total of withholding statem with this return	ents ,	00	33 604 66	
SIN FACO	with this return	ents 1 Income 1	1,537 od	33,691 00 Federal Wages	
		s (See instructions) (01)	ax vyiumeiu (02)	rederal wages	
2. Other income for Losses (F. F.)	DA I		ţ.		
A) Interest income (Schedule	F Individual, Part I, line 10)al partnerships profits (Submit Schedule Fl	The second second	(03)	00	
B) Distributable share on speci	ial partnerships profits (Submit Schedule F I cial partnerships losses (Submit Schedule f	ndividual and Schedule R)	(04)	100	
D) Dividends from corporations	ciai partnersnips iosses (Submit Scriedule i s and distributions from partnerships subject to	o withholding (Schedule F Individual. ا	Part II, line 1A)[. (05)	od	
E) Dividends from corporations	and distributions from partnerships not subject	t to withholding (Schedule F Individua	l; Part·II; line-3B) (07)	ő	
F) Distributable share on profits	s from corporations of individuals (Submit Sch	nedule F Individual)	(80)	00	
	nental Plans (Schedule F Individual, Part V,			l loc	
H) Miscellaneous income (St	ubmit Schedule F Individual) Retirement Accounts and Educational Contribute	on Accounts (Submit Schedule F Indivi	dual) (11)	loi l	
ICA :	estment or Tourism Fund (Submit Schedule	e Q1)	(12)	01	
K) Income from annuities and	pensions (Schedule H Individual, Part II, li	ne 12)	(13)	Oi oi	
L) Alimony received (Payer's	s social security No.)(14)	(15)	00	
M) Gain (or loss) from industry	ry or business (Submit Schedule K Individing (Submit Schedule L Individual)	uai)	(16)	01	
O) Gain (or loss) from profess	sions and commissions (Submit Schedule	M Individual)	(18)	9	
P) Gain (or loss) from rental	business (Submit Schedule N Individual)		(19)	1,759 0	
Q) Gain (or loss) from sale or	exchange of capital assets (Submit Schedu	ule D Individual)	(20)	0	
R) Qualified plans and Variab	ole Annuity Contracts (Submit Schedule D I	ndividual)	(21)	loi	
S) Net long-term capital gain	on Investment Funds (Submit Schedule Ones 1B, 1C and 2A through 2S)		(23)	35.450	
3. Total Gross Income (Add III	nes in it and As unoudli 40/				
I I 4 Alimony Paid (Recipient's se	ocial security No.)(24) (Judgment No)(25) (26)	35,450	

Exhibit Page 5 of 14 LONG FORM RETURN WITH CHECK (PLEASE ATTACH CHECKHERE) Serial Number Liquidator Reviewer COMMONWEALTH OF PUERTORICO 2009 2009 DEPARTMENT OF THE TREASURY INDIVIDUAL INCOME TAX RETURN R G RO V1 V2 P1 P2 N D1 D2 E A M AMENDEO RETURN FOR CALENDAR YEAR 2009 OR TAXABLE YEAR BEGINNING ON DECEASED DURING THE YEAR: , 2009 AND ENDING ON 31 Day Month Year Taxpayer's Name Last Name Payment Stamp Second Last Name Taxpayer's Social Security Number Antonio **Torres Cardenales** Postal Address Sex OD M P.O. Box 782 Month Coamo PR Zip Code 00769 Spouse's Date of Birth "Place label here". Year Spouse's First Name and Indial Home Telephone (787) 000-0000 Work Telephone Home Address (Town or Urbanization, Number, Street) BO. KIO JUEVES CHANGE OF ADDRESS Zip Code 00769-0000 Coamo PR Receipt Liumber: Yes No E-Mail Address YES NO FILING STATUS AT THE END OF THE TAXABLE YEAR:

1. Married living with spouse and filing jointly A.

United States Citizen?

Resident of Puerto Rico at the end of the year? Married not living with spouse (Not head of household) C. Tax exempt income from Lottery of Puerto Rico? (Submit spouse's name and social security number above) D. _ Income from racetrack winnings in Puerto Rico? Head of household (Not married) E. Other exempt income? (Submit Schedule)
F. Obligation to make payments to ASUME? Single 4. Obligation to make payments to ASUME? 5. Married filling separately (Submit spouse's name and social security number above) HIGHEST SOURCE OF INCOME: GOVERNMENT CONTRACT G. Government, Municipalities or Public Corporations Employee J. C Retired/Pensioner H. Federal Government Employee
I. Private Business Employee ─ TAXPAYER K. Self-Employed (Indicate principal C SPOUSE industry or business) 2010 RETURN Your occupation Teacher 6110 Spouse's occupation **SPANISH** ENGLISH Fill in here if you choose the optional computation of tax for married individuals living together, filing a joint return and both working. Do not complete Parts 2 and 3, neither lines 15 through 25 of Part 4, and go to Schedule CO Individual. Receipt Stamp 1. Wages, Commissions, Allowances and Tips B-Wages, Commissions, Allowances and Tips 00 ATTACH ALL YOUR WITHHOLDING STATEMENTS 1,639 00 34,647 (Forms 499R-2/W-2PR, 499R-2C/W-2CPR ar W-2, as applicable). 00 00 00 00 00 100 Total of withholding statements 1.639 00 34.647 with this return Income Tax Withheld Federal Wages C-Federal Government Wages (See instructions).. (61) (02) 00 2. Other Income (or Losses): A) Interest income (Schedule F Individual, Part I, line 10) loo B) Distributable share on special partnerships profits (Submit Schedule F Individual and Schedule R) 00 C) Distributable share on special partnerships losses (Submit Schedule R) 00 D) Dividends from corporations and distributions from partnerships subject to withholding (Schedule F Individual, Part II, line 1A)...... 00 E) Dividends from corporations and distributions from partnerships not subject to withholding (Schedule F Individual, Part II, line 3B) ... 00 (07) F) Distributable share on profits from corporations of individuals (Submit Schedule F Individual)..... 00 (09) G) Distributions from Governmental Plans (Schedule F Individual, Part V, lines 1C and 1D) 00 (09) H) Miscellaneous income (Submit Schedule F Individual)..... 00 8 (11) J) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) Part ; 00 .. (12) K) Income from annuities and pensions (Schedule H Individual, Part II. line 12) 00 (13) L) Alimony received (Payer's social security No. 00 (15) M) Gain (or loss) from industry or business (Submit Schedule K Individual) 00 (16) N) Gain (or loss) from farming (Submit Schedule L Individual) 00 (17) O) Gain (or loss) from professions and commissions (Submit Schedule M Individual) 00 1,449 P) Gain (or loss) from rental business (Submit Schedule N Individual) 00 Q) Gain (or loss) from sale or exchange of capital assets (Submit Schedule D Individual) 00 R) Qualified plans and Variable Annuity Contracts (Submit Schedule D Individual) 00 S) Net long-term capital gain on Investment Funds (Submit Schedule Q1) (22)3. Total Gross Income (Add lines 1B, 1C and 2A through 2S) 36,096 4. Alimony Paid (Recipient's social security No. _____)(24) (Judgment No. ___ lnn 5. Adjusted Gross Income (Subtract line 4 from line 3) (30) 36.096 00

Case:17-03283-LTS Doc#:11387-1 Filed:02/18/20 Entered:02/20/20 15:19:42

orm 462.0 Rev. 01.10

LONG FORM RETURN WITH CHECK (PLEASE ATTACH CHECK HERE) Serial Number Liquidator Reviewer GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY 2010 2010 INDIVIDUAL INCOME TAX RETURN R G RO V1 V2 P1 P2 N D1 D2 E A M AMENDED RETURN FOR CALENDAR YEAR 2010 OR TAXABLE YEAR BEGINNING ON DECEASED DURING THE YEAR: Day Month Year Taxpaver's Name Second Last Name Taxpayer's Social Security Number Payment Stamp Antonio **Torres Cardenales** Postal Address Date of Birth Sex PO Box 782 Spouse's Social Security Number Coamo PR Zip Code 00769-0782 Spouse's Date of Birth "Place label here". Month Spouse's First Name and Initia Second Last Name Disabled: Home Address (Town or Urbanization, Number, Street) (787) 000-0000 Hacienda Miraflores Work Telephone Coamo PR Zip Code 00769-0000 Receipt Number: CHANGE OF ADDRESS Yes No Amount YES NO FILING STATUS AT THE END OF THE TAXABLE YEAR:

1. Married living with spouse and filing jointly A. D United States Citizen?

B. Resident of Puerto Rico at the end of the year? 2. Married not living with spouse (Not head of household) C. O Obligation to make payments to ASUME? (Submit spouse's name and social security number above) D. Other exempt income? (Submit Schedule) Indicate total \$ 0 3. Head of household (Not married) 4. O Single Part 5. Married filing separately (Submit spouse's name and social security number above) HIGHEST SOURCE OF INCOME: GOVERNMENT CONTRACT E. Government, Municipalities or Public Corporations Employee H. Retired/Pensioner F. Federal Government Employee Self-Employed (Indicate principal) SPOUSE G. Private Business Employee industry or business) 2011 RETURN Teacher Your occupation 6110 Spouse's occupation SPANISH C ENGLISH ⊃ Fill in here if you choose the optional computation of tax for married individuals living together, filing a joint return and both working. Do not complete Parts 2 and 3, neither lines 15 through, 25 of Part 4, and go to Schedule CO Individual. Receipt Stamp 1. Wages, Commissions, Allowances and Tips B-Wages, Commissions, Allowances and Tips ATTACH ALL YOUR WITHHOLDING STATEMENTS 1,354 33,618 00 (Forms 499R-2/W-2PR, 499R-2C/W-2CPR or W-2, 167 as applicable). 4.950 00 00 00 00 Total of withholding statements 2 1.521 38,568 00 with this return Income Tax Withheld Federal Wages C-Federal Government Wages (See instructions) .. (01) (02)00 2. Other Income (or Losses): A) Interest income (Schedule F Individual, Part I, line 10) 00 B) Distributable share on special partnerships profits (Submit Schedule F Individual and Schedule R) 00 C) Distributable share on special partnerships losses (Submit Schedule R) 00 D) Dividends from corporations and distributions from partnerships subject to withholding (Schedule F Individual, Part II, line 1A)....... 00 E) Dividends from corporations and distributions from partnerships not subject to withholding (Schedule F Individual, Part II, line 3B) ... 00 F) Distributable share on profits from corporations of individuals (Submit Schedule F Individual) 00 G) Distributions from Governmental Plans (Schedule F Individual, Part V, lines 1C and 1D) 00 H) Miscellaneous income (Submit Schedule F Individual)..... 00 I) Distributions from Individual Retirement Accounts and Educational Contribution Accounts (Submit Schedule F Individual) 00 J) Dividends from Capital Investment or Tourism Fund (Submit Schedule Q1) Part 00 K) Income from annuities and pensions (Schedule H Individual, Part II, line 12) 00 L) Alimony received (Payer's social security No. ___ 00 M) Gain (or loss) from industry or business (Submit Schedule K Individual) 00 N) Gain (or loss) from farming (Submit Schedule L Individual) 00 O) Gain (or loss) from professions and commissions (Submit Schedule M Individual) 00 1,785 P) Gain (or loss) from rental business (Submit Schedule N Individual) 00 Q) Gain (or loss) from sale or exchange of capital assets (Submit Schedule D Individual) 00 R) Qualified plans and Variable Annuity Contracts (Submit Schedule D Individual) 00 S) Net long-term capital gain on Investment Funds (Submit Schedule Q1) 00 3. Total Gross Income (Add lines 1B, 1C and 2A through 2S) 40,353 00 4. Alimony Paid (Recipient's social security No. _____)(24) (Judgment No. 00 (26) 5.Adjusted Gross Income (Subtract line 4 from line 3) 00 (30)40.353

Form 482. Case: 1.77-03283-LTS Doc#:11387-1 Filed: 02/18/20 Entered: 02/20/20 15:19:42

W-2 PR CA COBIERNO DE PACIENDA - DE DEPARTAMENTO DE HACIENDA - DE COMPROBANTE DE RETENCION	VARIO E PLANT PROPERTY PROPERT	DEPARTAMENTO DE HACIENDA COEPARTAMENTO DE HACIENDA COEPARTAMENTO OF THE TREASUR INFORMATION	20/2014 ANA ELDESO: SEGMO SOCIAL SOCIAL SECURITY INFORMATION	
-First Name NIO	3. Núm. Seguro Social Social Security No.	7. Sueldos - Wages 33458.7	17. Total Sueldos Seguro Social	
- Surname(s)	4. Núm. de Ident. Patronal Employer Ident. No. (EIN)	8. Comisiones - Commissions 0 . 0		
ES CARDENALES	660433481 5. Fecha en que comenzó a recibir la	9. Concesiones - Allowances 0 . 0	18. Seguro Social Retenido Social Security Tax Withheld	
Postal del Empleado-Employee's Mailing Address TADO 782	pensión - Date on which you started to receive the pension Dia Mes Año	10. Propinas - Tips 0 . 0	19. Total Sueldos y Pro. Medicare	
O, PR 00769	Day Month Year 6. Costo de Pensión o Anualidad	11. Total=7+8+9+10 33458.7	11 (2.4) (10)	
y Dirección Postal del Patrono	Cost of Pension or Annuity 0.00	12. Gastos Reembolsados Reimbursed Expenses 0.0		
or's Name and Mailing Address 3750526 SUSANA RIV	6A. Costo de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage	13. Cont. Retenida - Tax Withheld 898.3	0.00	
DE EDUCACION-MAESTROS IDA TENIENTE CESAR GONZALE INA CALAF	6B. Donativos	14. Fondo de Retiro Gubernamenta Governmental Retirement Fund 2921.4	Social Security Tips	
REY, PR 00919	Charitable Contributions 12.00	15. Aportaciones a Planes Cualific. Contributions to CODA PLANS	22. Seguro Social no Retenido	
e Teléfono del Patronø s Telephone Number	Copia C para Récord del Empleado	0 . 0 16. Salarios bajo Ley Núm. 324 de Salaries under Act No. 324 of 2	2004 Social Security Tax on Tips	
e de Operaciones: Dia Mes Año Operations Date: Day Month Year	Copy C for Employee's Records	0.0	0 nput orra y 23. Contrib. Medicare no Retenida	
200 ontrol - Control Number 116459082	Año: 2011	Duplica tu Dinero - Contributions to Save and Double your Money Prog 0 . 0	ram Medicare Tax on Tips hdiqu	
S. Empleado de Empresa Privada A. Retirado/Pensionado Trabajo Cuenta Propia (Indique la Su ocupación Maestro de Escu	FOTOCOPIE : PIERDE LEGII	300.00	CONTRATO GOBIERNO: Contribuyente Cónyuge	
1. CONTRIBUCION PAGADA EN EXCESO A) Acreditar a la contribución estimad B) Aportación al Fondo Especial para C) Aportación al Fondo Especial para D) A REINTEGRAR (Si desea que se I			(01) (01) 0 (02) 0 (03) 0 (04) 0 oósito) (05) 0	
2. TOTAL NO PAGADO DE LA CONTR 3. Menos: Cantidad pagada (a) Con F (b) Intere (c) Reca		(da) (da) (da)	(06) 563 0 (07) 300 0 00 00	
4. BALANCE PENDIENTE DE PAGO	Land Hall		(10) 263 0	
Tipo de cuenta Número de ruta/tránsito Número de su cuenta Cheques Ahorros Cuenta a nombre de:				
Cuenta a nombre de: (Nombre completo en letra de molde según apara Declaro bajo penalidad de perjurio que la informació y completa. La declaración de la parsona que prej	ece en su cuenta. Si es casado y rinde planilla con on incluida en esta planilla, anejos y document para la planilla (excepto el contribuyente) es	os que se acompañan, ha sido exam	ninada por mi y que la misma es cierta, correcta	
Firma del Contribuyente	Shoul 12-auto-12-V	na del Cónyuge ibre de la Firma o Negocio	· Fecha	
Nombre del Especialista (Letra de Molde)	Nom			
Nombre del Especialista (Letra de Molde) Esther Figueroa		000 570000 5000 5000 1 0000	Fecha	

DEPARTAMENTO DE HACIENDA - DE	CO-COMMONWEALTH OF PUERTO RICO PARTMENT OF THE TREASTINE OF CITY OF THE TREAST RICO - WITHHOLDING THE TREAST PAGE	INFORMACION PARA EL 80 EN ARTA MENTO DE CARACTERO DE CARA	INFORMATION PARA EL DESC. SOCIAL SECURITY	
. Nombre-First Name ANTONIO	3. Núm. Seguro Social	7. Sueldos - Wages 35821.82	17. Total Sueldos Seguro Social Social Security Wages	
pellido(s) - Surname(s) TORRES CARDENALES	4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 660433481	8. Comisiones - Commissions 0 . 0 0 9. Concesiones - Allowances	18. Seguro Social Retenido Social Security Tax Withheld	
Dirección Postal del Empleado-Employee's Mailing Address APARTADO 782	5. Fecha en que comenzó a recibir la pensión - Date on which you started to receive the pension Dio Mes Año	0.00 10. Propinss - Tips 0.00	0 - 00	
COAMO, PR 00769	Day Month Year 11. Total=7+8+9+10 S. Costo de Pensión o Anualidad Cost of Pension or Annuity 12. Gastos Reemb. y Beneficios Marginales		Medicare Wages and Tips 0.00	
. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address	0.00 6A. Costo de cubierta de salud auspiciada por el patrono-Cost of employer-sponsored	·1	20. Contrib. Medicare Retenida Medicare Tax Withheld 0 . 00	
L8013750526 SUSANA RIV DEPT DE EDUCACION-MAESTROS AVENIDA TENIENTE CESAR GONZALE	health coverage 0.00	1069.82 14. Fondo de Retiro Gubernamental Governmental Retirement Fund 2921.41	21. Propinas Seguro Social Social Security Tips	
ESQUINA CALAF HATO REY, PR 00919	Charitable Contributions 12.00 Copia C para Récord	15. Aportaciones a Planes Cualific. Contributions to CODA PLANS 0 . 00	22. Seguro Social no Retenido en Propinas - Uncollected	
Número de Teléfono del Patrono Employer's Telephone Number Fecha Cese de Operaciones: Dia Mes Año	del Empleado Copy C for Employee's	16. Salarios bajo Ley 324-2004 Salaries under Act 324-2004 0 . 0 0	Social Security Tax on Tips 0.00	
Cease of Operations Date: Day Month Year Número Control - Control Number 125527633	Records Año: 2012 Year: 2012	16A. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Double your Money Program 0.00	23. Contrib. Medicare no Retenidr ^{Miduo} en Propinas - Uncollected Medicare Tax on Tips 0.00	
5.	Ocupación cónyuge PASE A LA PAGINA 2 PARA DETERMIN asillado 3, línea 27. Indique distribución en 3 uarlo de la Bahía de San Juan versidad de Puerto Rico	IAR SU REINTEGRO O PAGO:	(01) 40 00 (02) 00 (03) 00 (04) 00	
3. Menos: Cantidad pagada (a) Con Planilla (b) Intereses (c) Recargos	(06) rama Certificado (07) (03) 00 (05) 00 (10)			
AUTORIZACION PARA DEPOSITO DIRECTO DE REINTEGRO Tipo de cuenta Cheques Ahorros Cuenta a nombre de: (Nombre completo en letra de molde según aparece en su cuenta. Si es casado y rinde planilla conjunta, incluya el nombre del cónyuge)				
Declaro bajo penalidad de perjurio que he examinado La declaración de la persona que prepara la planilla Firma del Contribuyente, Montre del Especialista (Letra de Molde)	(excepto el contribuyente) es con respecto Fecha 1 0 4 2013 Nombre	a la información disponible y dicha inform del Cónyuge re de la Firma o Negoció	la misma es cierta, correcta y completa. nación ha sido verificada. Fecha	
Esther Figueroa Firma del Especialista NOTA AL CONTRIBUYENTE: Indique si hizo, pagos i	Fecha Especi propta	ther Figueroa alista por cuenta (ennegrezca aqui) X 19447 No. Si contesto Si exia ila firma Viet	កំហាច់ក្រុមពីខ្មីរ៉ាមថ្នាំទីវ៉េប៊ីស្តី៤៧ម៉ូនទីpecialista.	

ormujario orm 499R-2/W-2 PR

Doc#:11387-1 Filed:02/18/20 Entered:02/20/20 15:19:42 Desc: \$2010 Exhibit Page 9 Estado Libre Asociado de Puerto Rico Grupo de Pago: SM -Quincenal # Cheque: 06330151 12/09/2013 080 - DEPT DE EDUCACION-MAESTROS Desde: Hasta: 12/20/2013 Fecha: 12/17/2013 ANTONIO L TORRES CARDENALES # Empleado: XXXXX2681 DATA IMP PR Federal 8005137-SANTA ISABEL-PONCE APARTADO 782 Dept: Estado Civil: Head of Household **COAMO PR 00769** Oficina: SUSANA RIVERA Concesiones: 2 DEPARTAMENTO DE EDUCACION Titulo: Pct. Adel.: \$2,705.00 Monthly Sueldo: SS: XXX-XX-2681 Cant. Adcl. Corriente -- Acumulado Descripcion Sueldo Horas Ingresos Horas Ingresos Descripcion Corriente Acumulad-1,000.00 PR Withholdng Bono de Navidad 0.00 0.00 939.77 0.00 1,476.00 32,460.00 Pago de Salarios Regulares Licencia Enfermedad en Exceso 0.00 2,184.14 35,644,14 939.77 0.00 1.476.00 Total: 0.00 Total: DESIGNATIONES CENTRALES eenepecies patronales pagare Acumulado Acumulado Descripcion Descripcion Corriente Descripcion Corriente Acumulado Corriente **DUM-Gob Otras Deducciones** 2,921.52 611.59-SM-Asoc Maestros de PR GPR Plan de Retiro de Maestro 0.00 611*5*9-0.00 1,440.00 SM-Asoc Maestros de PR 0.00 766.00 GPR Plan de Retiro de Maestro 0.00 2,759.04 Ahorros-AEELA 973.92 0.00 FSED Disability Plan 0.00 605.89 **DM-FONDOS UNIDOS** 0.00 8.00 SC-MULTINATIONAL LIFE INS. 0.00 131.00 AE-Asoc Emp ELA-Prest Regular 0.00 421.89 SC-GENERAL ACCIDENT LIFE 0.00 109.62 2.921.52 Total: Total: 0.00 611.59-1,798.84 * Tributable DEDUCCIONES TOTALES 8 (9 X 9 X 9 X 8 X 11 () 1 8 X 8 X TOTAL MPEKSTOS PAGA NET Corriente: 0.00 0.00 611.59-611.59 Acumulado 939.77 4.720.36 29,984.01 DISTRIBUCION PAGA NETE PIC HORAS ACLIN Balance Inicial: Cheque #06330151 611.59 + Acumulado: Total: 611.59

Balance Final:
MENSAJE:

0.0

- Utilizado: - Donada: + Ajustes:

2 14	TADOLIBREASOCIADO DE PUERTO RICO-CO DEPARTAMENTO DE HACIENDA-DEPAR PROBANTE DE RETENCION - VI	TMENT OF THE TREASURY	INFORMATION PARA EL DEPARTAMENTO DE HACIENDA DEPARTMENT OF THE TREASURY INFORMATION	INFORMACION PARA EL SEGURO SOCIA SOCIAL SECURITY INFORMATION
1. Nombre - First Name		3. Num. Seguro Social Social Security No.	7. Sueldos - Wages	17. Total Sueldos Seguro Social Social Socurity Wages
	Antonio		8. Comisiones - Commissions	oncial Socially Ways
Apeliido(s) - Surname(s)		4 , Num. de Identi Patronal Employer Ident No (EIN)	9. Concesiones - Allowances	0 18. Seguro Social Retenido
L	es Cardenales	5. Costo de cabierta de salud auspiciada	0 10. Propinas - Tips	Social Security Tax Withheld
Dirección Postal del Empleado PO Box 872	- Employee's Mailing Address Coamo PR 00769-0872	yid a patrono - Cost of employer- sponsored health coverage	0 11. Total = 7 + 8 + 9 + 10	o
	Nombre y Direccion Postal del Patrono Employer's Name and Mailing Address Departamento Educacion ve. Teniente cesar Gonzalez San Juan Pri 00919-0000	6. Donativos	33,387	19. Total Sucidos y Pro. Medicare Medicare Wages and Tips
2. Nombre y Direction Posta		Charitable Contributions	12. Gastos Reemb, y Beneficios Marginales Remb, Expenses and Fringe Benefits	
1		Patrono: - Employer:	13. Cont. Retenida - Tax Withheld	0 20. Contrib. Medicare Retenida
		Envie a: - Send to	742	Medicare Tax Withheld
		Data Operations Center Wilkes-Barre, PA 18769-0001	14, Fondo de Retiro Gubernamental Governmental Retirement Fund	0
Numero de Telefono del Patrono Employer's Telephone Number	\A.	Con la With the W-3PR		21. Propinas Seguro Social
Fecha Cese de Operaciones. Cease of Operations Date:	Illi	Envie al Departamento de Hacienda electronicamente	15. Aportaciones a Planes Cualific. Contributions to CODA PLANS	Social Security Tips
Numero Confirmación de Recesarios Numero Confirmación de Electronic Filing Confirmación Nu	on Electrónica	Send to Department of the Treasury electronically	16. Salarios Exentos (Ver instrucciones)	0
X .	S140003	(www.hacienda.gobierno.pr) • Entregue dos copias al empleado	0	22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips
Número Control - Control Numbe		Deliver two copies to employee Conserve copia para sus récords Keep copy for your records	1GA. Código de Salarios Exentos Exempt Salarios Codo	0
0	04382730		16B. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Fortible your Monoy Program	23. Contrib, Medicare no Retenida en Propinas - Uncollected Medicare Tax on Tips
Fecha de ra	dicación: 31 de enero - Filing d	ate: January 31	0	0

Formulario Form 499R-2W-2-RSC ESTADO GISTE ASQCTADO DE PUBRITA Rev. 08.15 COMPROBANTE DE RETENCION	EPARTMENT OF THE TREASURY 0 11 0	DEPARTAMENTO DE HACIENDA DEPARTAMENTO DE HACIENDA DEPARTAMENT OF THE TREASURY INFORMATION	INFORMACION PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION
1. Nombre-First Name ANTONIO	Núm. Seguro Social Social Security No.	7. Sueldos - Wages 33060.00	17. Total Sueldos Seguro Social Social Security Wages
Apellido(s) - Surname(s) TORRES CARDENALES	4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 660433481	8. Comisiones - Commissions 0 . 0 0 9. Concesiones - Allowances 0 . 0 0	0 . 0 0
Dirección Postal del Empleado-Employee's Mailing Address APARTADO 782 COAMO, PR 00769	Costo de cublerta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage 0 . 0 0	10. Propinas - Tips	Social Security Tax Withheld
2. Nombre y Dirección Postal del Petrono Employer's Name and Mailing Address	6. Donativos Charitable Contributions 0 . 0 0	3 3 0 6 0 . 0 0 12. Gastos Reemb. y Beneficios Marginales Relmb. Expenses and Fringe Benefits 0 . 0 0	19. Total Sueldos y Pro. Medicare Medicare Wages and Tips 0 . 00
DEPT DE EDUCACION-MAESTROS AVENIDA TENIENTE CESAR GONZALE ESQUINA CALAF HATO REY, PR 00919	Patrono: - Employer: Envie a: - Send to: Social Security Administration Data Operations Conter Wilkes- Barre, PA 18769-0001	13. Cont. Retenida - Tax Withheld 716.88 14. Fondo do Retiro Gubernamental Governmental Retirement Fund	20. Contrib. Medicare Retenida Medicare Tax Withheld
Número de Teléfono del Patrono Employer's Telephone Number Fecha Cese de Operaciones: Dia Mac	Con la With the W-3PR Envie al Departamento de Hacienda electrónicamente Send to Department of the Treasury	2921.52 15. Aportaciones a Planes Cualific. Contributions to CODA PLANS	21. Propinas Seguro Social Social Security Tips
Cease of Operations Date: Dia Mes Año Month Year Número Confirmación de Radicación Electrónica Electronic Filing Confirmation Number	electronically (www.hacienda.pr.qov) Entregue dos copias al empleado Deliver two copies to employee	0.00 16. Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) 0.00	0.00 22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips
\$150008 Número Control - Control Number 004903462	Conserve copia para sus récords Keep copy for your records Año: Year: 2015	16A. Código de Salarios Exentos Exempt Salaries Code 16B. Aportaciones al Programa Ahorra y Duptica tu Dinero - Contributions to the	0.00 23. Contrib. Medicare no Retenida en Propinas - Uncollected
Fecha de radicación: 31 de enero - Fili		Save and Double your Money Program 0.00	Medicare Tax on Tips 0.00

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ADO 782 Case:17-03283	5. Costo de cublerta de salud queplicad	Filed:02/18/20	2/20/20 15:19:42	
, PR 00/69	el patrono - Cost of employer-spons health coverage	Page 12 of 14 0.00		
	0.0	· 1	9. Total Sueldos y Pro. Medic Medicare Wages and Tips	
teimiento Dia 1 Day	6. Donativos Charitable Contributions	32999.51 12. Gastos Reemb. y Beneficios Marginales Reimb. Exponses and Fringe Benefits	0.00	
in Postal del Patrono and Mailing Address	0.0	0.00		
DE EDUCACION - MAESTROS	Patrono: - Employer: * Envie a: - Send to:	13. Cont. Retenida - Tax Withheld	20. Contrib. Medicare Retenid Medicare Tax Withheld	
DA TENIENTE CESAR GONZALE LA CALAF	Social Security Administration	713.02	0.00	
EY, PR 00919	Data Operations Center Wilkes- Barre, PA 18769-0001	14. Fondo de Retiro Gubernamental Governmental Retirement Fund		
leléfono del Patrono	With the W-3PR	2916.07	21. Propinas Seguro Social	
Telephone Number	 Envie al Departamento de Hacienda electrónicamente 	15. Aportaciones a Planes Cualific. Contributions to CODA PLANS	Social Security Tips	
de Operaciones: Dio Mes Año erations Date: Doy	Send to Department of the Treasury electronically	0.00	0.00	
firmación de Radicación Electrónica	(www.hacienda.pr.qov)	Salarios Exentos (Ver instrucciones) 2 Exempt Salaries (See instructions)	22. Seguro Social no Retenido en Propinas - Uncollected	
ling Confirmation Number	* Entregue dos copias al empleado Deliver two copies to employee	Códige/Code 0.00	Social Security Tax on Tips	
S160021	Conserve copia para sus records	Código/Code	0.00	
ntrol - Control Number	Keep copy for your records	166 0 00 1-		
006251777	Año: 2016	16B. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the	 Contrib. Medicare no Reten en Propinas - Uncollected Medicare Tax on Tips 	
echa de radicación: 31 de enero - Filir	ng date: January 31	Save and Double your Money Program 0 . 0 0	0.00	

Reproducido por: Departamento de Haciend

Desc:

PR ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY COMPROBANTE DE RETENCION - WITHHOLDING STATEMENT			PARA EL TO DE HACIENDA OF THE TREASURY	INFORMACION PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION
st Name	3. Núm. Seguro Social Social Security No.	7. Sueldos - Wage	es 32999.51	17. Total Sueldos Seguro Social Social Security Wages
umame(s) CARDENALES	4. Núm. de ident. Patronal Employer ident. No. (EIN)	8. Comisiones - C	0.00	0.00
ital del Empleado-Employee's Mailing Address DO 782	660433481	9. Concesiones - Allowances 0.00 10. Propinas - Tips 0.00 11. Total=7+8+9+10		18. Seguro Social Retenido Social Security Tax Withheld
^{-₹} 00769	Costo de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage			0.00
imiento Dia 13 Mes 06 Año 1965	0.00		32999.51 y Baneficios Marginales	19. Total Sueldos y Pro. Medicare Medicare Wages and Tips
Irección Postal del Patrono Name and Mailing Address	0.00	Reimb. Expenses and Fringe Benefits 0.00		0.00
DE EDUCACION - MAESTROS A TENIENTE CESAR GONZALE	Patrono: - Employer: * Envie a: - Send to: Social Security Administration	13. Cont. Retenida - Tax Withheld 7 13 . 02 14. Fondo de Retiro Gubernamental Governmental Retirement Fund 2916 . 07 15. Aportaciones a Planes Cualific. Contributions to CODA PLANS 0 . 00 Salarios Exentos (Ver instrucciones) Exempt Salarios (See instructions)		20. Contrib. Medicare Retenida Medicare Tax Withheld
A CALAF EY, PR 00919	Data Operations Center Wilkes- Barre, PA 18769-0001 Con la With the W-3PB			0.00
eléfono del Patrono elephone Number	Envle al Departamento de Hacienda electrónicamente			21. Propinas Seguro Social Social Security Tips
a Operaciones: Dio Mes Año ations Date: Doy Month Year Year	Send to Department of the Treasury electronically (www.hacienda.pr.gov)			0.00 22. Seguro Social no Retenido
mación de Radicación Electrónica ng Confirmation Number * Entregue dos copias al empleado Deliver two copias to employee * Conserve copia para sus récords		Códiga/Code 16.		en Propinas - Uncollected Social Security Tax on Tips
S160021 ·	: Keep copy for your records	Código/Code	0.00	0.00
ol - Cohtrol Number 006251777	1- Cohtrol Number Año: 2016		al Programa Ahorra y - Contributions to the	23. Contrib. Medicare no Retenida en Propinas - Uncollected Medicare Tax on Tips
echa de radicación: 31 de enero - Filir	Save and Double your Money Program # 0.00		0.00	

Case:17-03283-LTS Doc#:11387-1 Filed:02/18/20 Entered:02/20/20 15:19:42 Formulario GOBIERNO DE PUERTO RICO GOVERNMENDO DE PUERTO RICO Form 409R-2/W-2PR INFORMACIÓN PARA EL DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY INFORMACIÓN PARA EL SEGURO SOCIAL Rev. 07.17 DEPARTAMENTO DE HACIENDA-DEPARTMENT OF THE TREASURY COMPROBANTE DE RETENCIÓN - WITHHOLDING STATEMENT INFORMATION **GCIAL SECURITY INFORMATION** 1. Nombre - First Name Núm. Seguro Social Social Security No. 7. Sueldos - Wages 17. Total Sueldos Seguro Social Social Security Wages 33.041.97 ANTONIO 8. Comisiones - Commissions . Núm. de Ident. Patrona Apellido(s) - Last Name(s) 0.00 0.00 Employer ident. No. (EIN) 9. Concesiones - Allowances Saguro Social Retenido 18 660433481-080 L TORRES CARDENALES Social Security Tax Withheld 0.00 Costo de cuoierta de salud auspiciada 10. Propinas - Tips Dirección Postal del Empleado - Employee's Mailing Address por el patrono - Cost of employer sponsored health coverage 0.00 0.00 APARTADO 782 11. Total = 7 + 8 + 9 + 10 0.00 Total Sueldos y Pro. Medicare Medicare Wages and Tips 33,041.97 6. Donativos **COAMO PR 00769** 12. Gastos Reemb. y Beneficios Marginales Charitable Contributions Reimb. Expenses and Fringe Benefits Fecha de Nacimiento: 13 Month 6 _{Year} 1965 Date of Birth: 0.00 Day 0.00 0.00 2. Nombre y Dirección Postal del Patrono Patrono: - Employer: 13. Conl. Retenida - Tax Withheld 20. Contrib. Medicare Retenida Employer's Name and Mailing Address Envie a: - Send to: Medicare Tax Withheld 716.20 DEPT DE EDUCACION MAESTROS Social Security Administration 14. Fondo de Retiro Gubernamental **Data Operations Center AVENIDA TENIENTE CESAR** Governmental Retirement Fund Wilkes-Barre, PA 18769-0001 0.00 **ESQUINA CALAF** Con la 2.913.12 Propinas Seguro Social HATO REY PR 00919 With the W-3PR 15. Aportaciones a Planes Cualific Social Security Tips Número de Teléfono del Patrono Envie al Departamento de Hacienda Contributions to CODA PLAMS Employer's Telephone Number (787) 773-3508 electrónicamente 0.00 Send to Department of the Treasury Fecha Cese de Operaciones: 0.00 Año Salarios Exentos (Ver instrucciones) electronically Cease of Operations Date: Day Month Exempl Salaries (See instructions) Year 22. Seguro Social no Retenido (vnwv.hacienda.pr.gov) Número Confirmación de Radicación Electrónica en Propinas - Uncollected Social Security Tax on Tips Código/Code Entregue dos copias al empleado Electronic Filing Confirmation Number 16. 0.00 Deliver two copies to employee. S170008 Conserve copia para sus récords Código/Colle 0.00 Keep copy for your records Número Control - Control Number 0.00 23. Contrib. Medicare no Retenida 16B. Aportaciones at Programa Aborra y Duplica tu Dinero - Contributions to the Año: en Propinas - Uncollected Medicare Tax on Tips 006975261 2017

INSTRUCCIONES PARA EL EMPLEADO DEBERÁ SOMETER COPIA AL RENDIR SU PLANILLA

De acuerdo al Código de Rentas Internas de Puerto Rico de 2011, según enmendado (Código), viene obligado a rendir plantilla de contribución sobre ingresos tudo individuo residente que:

Year

sea contribuyente individual o casado, si durante el año contributivo tuviere un ingreso bruto reducido por las exenciones de la Sección 1031.02 del Código mayor de \$5,000;
 sea casado que vivía con su conyuge y opte por rendir planilla separada, si durante el año contributivo tuviere un ingraso bruto reducido por las exenciones de la Sección 1031.02 del Código de \$2,500 o más; o

Save and Double your Money Program

0.00

0.00

tenga ingreso neto sujeto a contribución básica alterna de \$150,000 o más.

Fecha de radicación: 31 de enero - Filing date: January 31

PENALIDAD – El Código dispone lo siguiente: Toda persona obligada bajo cualquier Subtitulo del Código a rendir una planilla, declaración, certificación o informe, que voluntariamente dejare de rendir dicha planilla, declaración, certificación o informe dentro del término o términos fijados por el Subtitulo correspondiente o por reglamentos, además de ciras penalidades establecidas por el Código, del tribunal, más las costas del proceso. En aquellos casos en que cualquier persona voluntariamente dejare de rendir dicha planilla, declaración, certificación o informe dentro de subtitulo correspondiente o por reglamentos), con la intención de evadir o derrolar cualquier contribución impuesta por el Código, adamás de ofras penalidades establecidas por el Código, incurriá en un delito grave de tercer grado, y en caso de convicción, será sancionada con pena de reclusion la cual fluctuará entre tres años un día y ocho años. El Tribunal a su discreción podrá imponer la pena fija de reclusión establecida o pena de multa que no excederá de \$20,000, o ambas penas, más las costas del proceso.

Retenga copia de este formulario para sus récords. Puede usarla para establecer su derecho a les beneficios de seguro social. Si su rembre, dirección o número de seguro social están incorrectos, informe el error a su patrono para que le complete un Formulario 499R-2eW-2cPR. a bai

INSTRUCTIONS FOR THE EMPLOYEE A COPY MUST BE SUBMITTED YATH YOUR RETURN

Pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended (Code), an income tax return must be filed by any resident individual who

- is an individual or married taxpayer; who during the taxable year had gross income, reduced by the exemptions established in Code Section 1631.02, greater than 55,000; is a married individual who lived with his/her spouse, and elects to file separate returns; that during the taxable year had gross income, reduced by the exemptions established in Code Section 1031.02, of \$2,500 or more; or

has net income subject to alternate basic tax of \$150,000 or more.

4.

PENALTY — The Code provides the following: Every person required under any Subtitle of the Code to file a return, statement, cortification or report, who willfully fails to file such return, statement, and upon conviction thereof, punished by a fine of not more than \$5,000, or imprisonment for a term of not more than 90 days, or both penalties, at the discretion of the Court, plus the costs of prosecution. In the case of any person who willfully fails to file such return, statement, certification or report (within the terms established by the corresponding Subtitle or by regulations), with the intention to evade or defeat any tax imposed by the Code, in addition to other penalties provided by the Code, shall be guilty of a third degree fellow, and upon conviction thereof, more than \$20,000, or both penalties, plus the costs of prosecution.

Keep copy of this form for your records. You can use it to prove your right to social security benefits. If your name, address or social security number is incorrect, inform this to your employer and request a Form 499R-2cPR.

499R-2/WCPBSC TO 13283GPBFRODFNKFFARICA-300	FRIMMENT DE PUBLICATION DE 18/20	ntered:02/20/20.15:19:42 Desc:
499R-2/W CRSe 137-03283 SPRENO DE DISTARIO 138 PARTA PROPOSA DE PARTA PART	ARTMENT OF THE TREASURY 1 4 Of 1	HACIENDA - DEPARTMENT OF THE TREASURY SOCIAL SECURITY INFORMATION
222 COMPROBANTE DE RETENCIÓN -	WITHHOLDING STATEMENT	INFORMATION SOCIAL SECONITY INFORMATION
1. Nombre - First Name	THE STATEMENT	I I I I I I I I I I I I I I I I I I I
The real state of the state of	3. Núm. Seguro Social	34,546.90 Social Security Wages
	Social Security No.	8. Comisiones - Commissions
ANTONIO L		0.00
Apellido(s) - Last Name(s)	4. Núm. de Ident. Patronal	9. Concesiones - Allowances
The state of the s	Employer Ident. No. (EIN)	1 18. Seguro Social Ratenido
TORRES CARDENALES	66-0433481	0.00 Social Security Tax Withheld
The second secon	5. Costo de cubierta de salud auspiciada	0.00
Dirección Postal del Empleado - Employee's Mailing Address	por el patrono - Cost of employer-	11. Total = 7 + 8 + 9 + 10
ADADTADO 700	sponsored health coverage	34,546.90 19. Total Sueldos y Pro. Medicare
APARTADO 782	0.00	12. Gastos Reemb. y Beneficios Marginales Medicare Wages and Tips
COAMO DO COZOS	6. Donativos	. The state of the
COAMO PR 00769	Charitable Contributions	0.00
Fecha de Nacimiento: Dia 13 Mes Month Año Year 1965	0.00	13. Cont. Retenida - Tax Withheld 0.00
		839.32 20. Contrib. Medicare Retenida
2. Nombre y Dirección Postal del Patrono	Patrono: - Employer:	14. Fondo de Retiro Gubernamental Medicare Tax Withheld
Employer's Name and Mailing Address	Indique si la remuneración incluye pagos	Governmental Retirement Fund
DEPT DE EDUCACION MAESTROS	al empleado por:	3,021.55
AVENIDA TENIENTE CESAR	Indicate if the renumeration includes payments to the employee for:	0.00
ESQUINA CALAF		Contributions to CODA DI AND
HATO REY, PR 00919-0000	A- Servicios prestados por un médico	0.00 Social Security Tips
Número de Teléfono del Patrono Employer's Telephone Number	cualificado bajo la Ley 14-2017	Salarios Exentos (Ver instrucciones)
F-1-0 10	Services rendered by a qualified physician under Act 14-2017	Exempt Salaries (See instructions)
C	physical rander Act 14-2017	Codgo/Code 16. 0.00 22. Seguro Social no Retenido
Número Confirmación de Radicación Electrónica	B- Servicios domésticos	en Propinas - Uncollected
Electronic Filing Confirmation Number	Domestic services	Cádigs/Cada Social Security Tax on Tips
F0717193216	6 E 6	16A. 0.00
	C- Otros / Others:	Códiga/Code 0.00
Número Control - Control Number		16B. 0.00 23. Contrib. Medicare no Retenida
180048791		16C. Aportaciones al Programa Ahorra v en Propinas - Uncollected
	Año: 2010	Duplica tu Dinero - Contributions to the Save and Double your Money Program Medicare Tax on Tips
Fecha de radicación: 31 de enero - Filing date: January 31	Year: ∠UIO	
L January 51		0.00

Form Rev.

